

Regimen Reference Order – THOR – atezolizumab

ARIA: LUNG – [atezolizumab]

Planned Course: Every 21 days until disease progression or unacceptable toxicity

Indication for Use: Non-Small Cell Lung Cancer (NSCLC) Metastatic

Drug Alert: Immune Checkpoint Inhibitor

CVAD: At Provider’s Discretion

Proceed with treatment if:

- **ANC equal to or greater than $1.5 \times 10^9/L$ AND Platelets equal to or greater than $50 \times 10^9/L$**
- **AST/ALT equal to or less than 3 times upper limit of normal**
- **Total bilirubin equal to or less than 1.5 times upper limit of normal**
- **Creatinine clearance equal to or greater than 30 mL/min**
- ❖ **Contact Physician if parameters not met**

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
Not Applicable		

Treatment Regimen – THOR – atezolizumab

Establish primary solution 500 mL of: normal saline

Drug	Dose	CCMB Administration Guideline
atezolizumab (Subcutaneous)	1875 mg (1875 mg = 15 mL)	Subcutaneous: Administer over 7 minutes into lateral aspect of thigh Allow vial to come to room temperature Use a 23G needle for injection <i>*Nursing Alert: atezolizumab must be administered into the thigh</i> <i>*Alert: Ensure subcutaneous atezolizumab formulation is used (atezolizumab-hyaluronidase)</i>
		OR
atezolizumab (Intravenous)	1200 mg	<u>Cycle 1:</u> IV in normal saline 250 mL over 1 hour
		<u>Cycle 2 and subsequent cycles:</u> IV in normal saline 250 mL over 30 minutes

In the event of an infusion-related hypersensitivity reaction, refer to the ‘Hypersensitivity Reaction Standing Order’

REQUIRED MONITORING

All Cycles

- CBC, serum creatinine, urea, AST, ALT, total bilirubin, albumin, glucose, sodium, potassium, calcium, magnesium and phosphate as per Physician Orders
- TSH every 6 weeks as per Physician Orders
- Medical oncologist or designate (i.e. family practitioner in oncology) must assess patient for immune-mediated adverse reactions prior to each cycle

Recommended Support Medications

Drug	Dose	CCMB Administration Guideline
		None required

DISCHARGE INSTRUCTIONS

- Patients should be instructed to contact their cancer team immediately if symptoms of hypersensitivity reactions occur after discharge
- Confirm that patient has received the CCMB Immune Checkpoint Inhibitor Medical Alert wallet card
- Reinforce to patient the immune-mediated adverse reactions and importance of reporting immediately
 - For severe symptoms, the patient should be instructed to go to the nearest emergency room. Oncologist on call should be contacted

ADDITIONAL INFORMATION

- atezolizumab is an Immune Checkpoint Inhibitor. Consult with oncologist for immune-mediated adverse reactions; corticosteroids are often indicated
- Subcutaneous administration of atezolizumab must be administered into the thigh only
- **ARIA ordering:**
 - Note that **ARIA regimen is built with atezolizumab administered by subcutaneous injection**
 - If atezolizumab by intravenous infusion is the preferred route of administration, a Support protocol is available to use under **atezolizumab IV** in the “Lung Cancer” folder